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## KENTUCKY LEGISLATIVE ETHICS COMMISSION

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FEB - 4 2016	

STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787)

To be filed by: All members of the General Assembly, all candidates and nominees for election to the

General Assembly, and major management personnel in the legislative branch of state government.
☐ Check here and attach additional sheets if necessary Number of sheets attached.
Please Include The Following Information For The Preceding Calendar Year:
Name JESSE E. WRIGHT
Business address P.O. BOX 454, MAYFIELD, KY 42066
Business telephone (270) 247-7111
Home address 108 ERWIN DRIVE, MAYFIELD, KY 42066
Title of public position, or office sought STATE REPRESENTATIVE, DISTRICT 2
Other occupations of filer ATTORNEY
Occupations of spouse REGISTERED NURSE
Positions held by filer in any business, partnership, corporation for profit, or corporation not for profit from which the filer receives compensation, and the name of the business, partnership, or corporation KEMP & WRIGHT, PLLC - MEMBER; HAMBONE ENTERPRISES, LLC - MEMBER
Positions held by filer's spouse in any business, partnership, corporation for profit, or corporation not for profit from which the filer's spouse receives compensation, and the name of the business, partnership, or corporation BAPTIST HEALTHCARE - EMPLOYEE
Names and addresses of all businesses, investments, or securities in which the filer, filer's spouse, or filer's minor children had at any time during the reporting year an interest of \$10,000 at fair market value, or 5% ownership interest or more KEMP & WRIGHT, PLLC - P.O. BOX 454, MAYFIELD, KY 42066 (FILER); HAMBONE ENTERPRISES, LLC - P.O. BOX 454, MAYFIELD, KY 42066 (FILER); FIDELITY ROTH IRA - P.O. BOX 673000, DALLAS, TX 75267 (FILER AND SPOUSE); FIDELITY 401(K) - P.O. BOX
673000 DALLAS TX 75267 (SPOUSE)

Sources and form of gross income of the file	
	PLLC; INCOME FROM HAMBONE ENTERPRISES
LLC; INTEREST ON PERSONAL BANKING	ACCOUNTS
Sources and form of gross income of the file	
SALARY FROM BAPTIST HEALTHCARE; IN	TEREST ON PERSONAL BANKING ACCOUNTS
1	
3	
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	CDAVES COUNTY BOADD OF HEALTH -
Positions of a fiduciary nature in a business	NC DIRECTOR; MAYFIELD LIONS CLUB -
	EMP & WRIGHT, PLLC - MEMBER; HAMBONE
ENTERPRISES, LLC - MEMBER	EMP & WRIGHT, FILE MEMBER, MEMBERS
ENTERPRISES, LIC - MEMBER	
	*
the filer's immediate family, except those from eans spouse, parent, sibling, child, mother in-law, grandparent, or grandchild. Immed	r-in-law, father-in-law, son-in-law, daughter-
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The name of any legislative agent who is:  1. A member of the filer's immediate family; 2. A partner of the filer, or a partner of a member of the filer's immediate fam 3. An officer or director of the filer's employer; 4. An employer of the filer or an employer of a member of the filer's immediate family; 5. A business associate of the filer or a business associate of a member of the
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<ul><li>4. An employer of the filer or an employer of a member of the filer's immediate family;</li><li>5. A business associate of the filer or a business associate of a member of the</li></ul>
family; 5. A business associate of the filer or a business associate of a member of the
filer's immediate family
N/A
The names of any of the filer's clients who are legislative agents or employers
NONE TO THE KNOWLEDGE OF FILER
and the control of the control of the analytic and the control of
If you have held a professional license during the filing period, has a properly license partner of yours engaged in the practice of cases or other matters which you are prohibited from practicing under KRS 6.744?   ☑ Yes ☐ No ☐ Not Applicable
promotion from practioning under KKS 0.744: = 165 = 100 = 100 Experiences

If yes, list the names of the clients represented and list the agencies before which the partner made an appearance. The filer need not identify which client was represented before a specific agency.

Clients		
NONE TO KNOWLEDGE OF FILER		
State Agency		
COMMONWEALTH OF KENTUCKY A	AS ASSISTANT COMMONWEALTH ATTORNEY; COUNTY OF	
GRAVES AS ASSISTANT COUNTY	Y ATTORNEY	
	NOTICES	
1. Upon receipt by the Commiss record available for copying.	sion, a statement of financial disclosure shall be a public	
a deficiency identified by the Con	statement of financial disclosure or who fails to remedy mmission in a timely manner may be fined an amount not	
to exceed \$100 per day up to a m	aximum total fine of \$1000.	
	nent of financial interests which they know to contain sired information, shall be guilty of a class A	
FEBRUARY 1, 2016		
Date	Filer	
Send completed statements to:	The Kentucky Legislative Ethics Commission	
	22 Mill Creek Park	
	Frankfort, Kentucky 40601	
	FAX (502) 573-2929	

If you have questions please call us at (502) 573-2863.